Learning Conversation Notes	
Name of Partner:	Date: December 9, 2004
Early Childhood Relationship Support	
Project	
Number of Children Served:	Ages:
There were 268 children aged 0-5 years	1 year old – 2
served. Of this total, 11 children were	2 year old – 2
served directly. The balance was served	3 year old – 4
indirectly through consultation with parents	4 year old – 3
and providers.	
When Served:	Gender:
July 1, 2004 through November 30, 2004.	Males – 9
	Females - 2
	Ethnicity:
	Caucasian – 8
	Hispanic – 1
	Biracial - 1

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#### **Desired Outcomes:**

- Children are in supportive relationships with primary care givers and are able to demonstrate emotionally appropriate behavior.
- Children who are eligible for categorical services will have access to early childhood mental health services.
- A core of trained professionals from a variety of public and private organizations
  will exist who are able to implement relationship based mental health
  interventions for children prenatal to five.
- A policy for service delivery and a memorandum of Understanding will exist for those agencies where there is blended funding and for other collaborative partners.
- The percentage of money used for direc5t services now funded by First 5 will decrease by ten percent (10%).

## Performance Measures:

- Demographics (number of 0-5 served by gender, age, and when services were provided)
- PIRGAS (Parent Infant Relationship Global Assessment Scale)
- ASQ –SE 9Ages & Stages Questionnaire Social Emotional
- Number of children seen who are paid by Medi-Cal, fee for services, private insurance as well as First 5 Placer funds.
- Post training surveys, roster of trainers who are implementing the model.
- Service delivery policies and MOU's with collaborative partners.
- Non First 5 funds received and used for direct services

### What is this data telling us about achievement of outcomes?

According to the PIRGAS data, treatment is effective. For example, 86% of relationships improved as a result of treatment.

Ages and Stages Social Emotional (ASQ-SE) data shows that 88% of the children improved in their social emotional development.

See attached summary of data for more details.

#### In what ways will we apply what we have learned from our data?

Program staff would like to increase connections with organizations that are not in the collaborative.

Remember that sustainability and systems change requires that the direct service staff be on board as well as the administrators.

The current performance measures reflect the process and intent of the program outcomes. They will continue to be used.

Cold call referrals from other agencies were not working too well. A shift in referral strategy is to have the parent and the referring partner meet with program staff when a referral is made instead of leaving it to the parent to make the initial contact. There is a low denial rate now (10%) because of referring agency support in the consulting about the case with program staff. This will serve the 0-5 better because the assessment process will be based on the actual circumstances of the family – as defined by the family.

There may be a need for additional anecdotal data to tell the full story about consultation services and the types of referrals received from, and made to, other agencies.

#### Other points that were made during the conversation:

Although referrals come from all over the county there is no on-going treatment at this time in the Lake Tahoe area, but staff are providing a lot of consulting there.

The program is increasing an emphasis on consulting and training other service providers so that the service providers can reach a larger number of children.

The additions of the new Reflective Consultation Group and Infant Toddler Systems Action Work Group have allowed the partners to reach more children. Changes in service provision have allowed the program to avoid having a waiting list. This is also the beginning of a core of trained professionals to provide case consultation with ECRSP staff and to infuse the model into their host agencies. These groups are meeting monthly.

The program is going to a fee for service model but they do not want to have to deny services if the family cannot pay. They are figuring out options to accommodate all types of financial situations.

Estimated client financial sources: 85% private insurance - 10% Medi-Cal - 5% out of pocket

Relationship issues are not limited to family income – these issues cross all demographics and income levels.

There is a need to have consistent representation on the work groups from Community Health so that child mental health system change can be supported.

There is full attendance at the policy steering committee. The policy committee has been actively involved in developing the train the trainer model.

Part of the process involves a strength-based approach to assist parents to identify and build on things they are already doing that are helping their child develop appropriately.

The stories behind the data are important to a full understanding of the infant mental health issues that families are experiencing.

Boys seem to have more overt acting out behaviors. Girls tend to internalize emotional issues, more which could result in fewer referrals for girls.

# Next Steps:

Track ages, ethnicity and gender for indirect consultation services

Implement the fee for service model by February 2005

Present outcome data at next policy steering committee – December 17, 2004

Next learning conversation: Within the first 2 weeks of June 2005